ه الله م									plication	יי בינ	JCKE! HUIIII	1	
•	PATENT A	10672911											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS							RAT	E	FEE		RATE	FEE	
FO	a		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=				XS 9=			OR	XS18=		
IND	EPENDENT CL	AIMS	3 minus 3 =		*		X43=			OR	X86≈		
MU	LTIPLE DEPEN	DENT CLAIM PR	IESENT				+145=			OR	+290=		
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			TOTAL			OR	TOTAL	750	
CLAIMS AS AMENDED - PART II										ı	OTHER	THAN	
		(Column 1)		(Colur				LLI	ENTITY OR		SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. /	Minus	- 5	0	%	X\$ 9	9=		OR	X\$18=		
AMENDMENT	Independent	• .	Minus	*** 2	3_		X43	}=	·	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDE				T CLAIM		+14	5=		OR	+290=		
(0-17-05							ADDIT.	TAL		OR	TOTAL ADDIT FEE		
	(Column 1) (Column 2) (Column 3)						ADUN.			•			
T B	CLAIMS		HIG		HEST	ST			ADDI-	1		ADDI-	
	:	REMAINING AFTER			MBER IOUSLY	PRESENT EXTRA	RA [*]	ΓE	TIONAL	1	RATE	TIONAL	
Ē		AMENDMENT		PAIC	FOR .	<u> </u>	-		FEE	-		FEE	
AMENDMENT	Total	•	Minus	-		=	xs	9=		ОР	X\$18=		
ME	Inder andent	<u> • </u>	Minus	***		<u> </u>	X4:	3=		OF	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPE				T CLAIM		+14	S-		OR	+290=		
							<u> </u>	OTAL	 	┪	TOTAL	<u> </u>	
							ADDIT			OF	ADDIT. FE	:L	
	(Column 1) (Column 2) (Column 3)									_			
ပ	`	CLAIMS REMAINING	CLAIMS REMAINING		HEST VBER	PRESENT			ADDI-			ADDI- TIONAL	
MENT		AFTER AMENDMENT			IOUSLY D FOR	EXTRA	RA	TE	TIONAL FEE		RATE	FEE	
L ME	Total	*	Minus	"		Ξ.	X\$	9=		OF	X\$18=		
AMENE	Independent		Minus	+++	· · · · ·	=	X4.		 	1	VOC-		
₹	FIRST PRESENTATION OF MULTIPLE			EPENDENT CLAIM		1 🗍	^~	.) = 		OF	700-		
		· · · · · · · · · · · · · · · · · · ·					+14	5=		OF	+290=		
	If the Hignest Nu	imn 1 is less than i	Paid For IN Th	IIS SPACE	is less in	an 20, enter "20.	TION	OTAL FEE		OF	ADDIT. FE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													